Glendale Police Department

Commendation Form

Our department prides itself on outstanding customer service. Please take a moment to share your compliments regarding our personnel.

This form may be mailed, faxed or hand delivered to:
Glendale Police Department
Office of the Chief
131 North Isabel Street
Glendale, CA 91206
Fax- (818) 507-0967

Information about you:		
Last Name:	First:	M.I
Phone number:		_Alternate:
E-mail:		
Address:		
City:	State:	Zip Code:
Information about the inciden	ıt:	
Date:	Time:	
Location:		
Glendale Police Employee(s)	involved:	
Name:		Badge Number:
Name:		
Name:		Badge Number:
Witness Information:		
Name:		Phone:
Address		
Briefly summarize what happe	ened (attach	additional pages if needed):